	PAIENT	Effec	tive Octo	ber 1, 20	003			108	2.8	802		
CLAIMS AS FILED - PART I SMAI (Column 1) (Column 2) TYPE									OR.		THAN ENTITY	]
TO	TAL CLAIMS		17				RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BASIC F	<b>≇</b> 385.00	OR	BASIC FEE	770.00	1
۳	TAL CHARGE	BLE CLAIMS	17 minus 20=		. 0		XS 9:		٦	XS18=		1
INDEPENDENT CLAIMS			1 ininus 3 =		. 6			+	OR		<del> </del>	1
		IDENT CLAIM P			<u> </u>		X43.		JOR	X86=		ł
MAL	ILI IPLE DEPE	DENI COURT	123241			-145 <del>-</del>			OA	+290=		ı
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	770.	10
J.	C				OTHER		]					
<u>ا</u> ر	<u>-14-01</u>	(Column 1)	<del>,</del>	(Colur		(Column 3)	SMAL	LENTITY	OR	SMALL		1
AMENDMENT A		REMAINING AFTER AMENDMENT		MUM PREVK PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.17.	Minus	-2	O	. –	xx		OR	X518		ŀ
	Independent	• /	Minus		3.	۰	X43=	V .	OR	X86=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE D	EPENDENT	CLAIM		+145=		OR	+290=	1	ŀ
TOTAL									OR	TOTAL	1	ł
8	123/No	(Column 1)		(Colur	nn 2)	(Column 3)	ADDIT. FE	E	Tou	ADDIT. FEE	<u> </u>	1
AMENDMENT B	1	CLAIMS REMAINING	HIGH NUM		EST			ADDI-	1		ADDI-	1
		AFTER AMENDMENT		PREVIO		EXTRA	RATE	TIONAL FEE		PATE	TIONAL	
	Total	. 21	Minus	1-2	0	- /	X\$ 9=		OR	X	51,00	}
	Independent	• /	Minus	••• ¿	3_	1-0	X43=		OR	XB6=		1
	FIRST PRESE	NTATION OF M	ULTIPLE D	TIPLE DEPENDENT (			+145=		OR	+290=		
	11/24	16	•				101/		OR	YOYAL		
	1	10		50290	Ang.		ADDIT FE	ــــــاء	Jon	ADDIT, FEE	77.	1
		(Column 1)		(Colum		(Column 3)						1
<b>AMENDMENT C</b>		REMAIXING AFTER AMENDMENT		PREVIO PAID	BER XUSLY	PRESENT EXTRA	RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	-2	1 ·	(Q)	X3 9-		OR	X318=	·	
	Independent	. !	Minus	-2		<b>-</b> 0/	X43-	1-	OR	X86=		1
كا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM			-	Un			1
+145= OR									+290-			
The residence of the second se									OR	ADDIT. FEE		
		reber Previously Pa ber Previously Pal							ur its co			

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Application or Docket Number